

1) Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Daytime / Evening Phone: \_\_\_\_\_ / \_\_\_\_\_  
Person Filing Document is: ☐ Self or Attorney for ☐ Plaintiff ☐ Respondent  
(If Attorney) State Bar No.: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA IN \_\_\_\_\_ COUNTY(2)**

\_\_\_\_\_(3)  
Petitioner

Case Number: \_\_\_\_\_ (5)

**REQUEST FOR HEARING  
AND NOTICE OF HEARING  
(Simplified Procedure)**

\_\_\_\_\_(4)  
Respondent

A Request to Modify (change) Child support pursuant to the guidelines' simplified procedure has been filed.

The information provided on the **"Parent's Worksheet"** that was the basis for the request to modify (change) child support is not accurate. I am attaching the required completed **"Parent's Worksheet"** that shows what I believe to be accurate information. I request that a hearing be set so that I can explain to the judge or commissioner my position. I further request that costs and fees incurred in responding to this matter be ordered to be paid by the other party.

☐ **Counter Petition – I further request** THE CHILD SUPPORT ORDER BE MODIFIED TO AN AMOUNT DIFFERENT FROM THE REQUEST MADE BY THE OTHER PARTY.

I have read this document and the information is true and correct to the best of my knowledge.

(6) Dated: \_\_\_\_\_  
Requesting Party

STATE OF ARIZONA        )  
                                      ) ss.  
County of                 )

Subscribed and sworn or affirmed and acknowledged before me this date: \_\_\_\_\_

\_\_\_\_\_  
Notary Expiration Date

\_\_\_\_\_  
Notary Public or Clerk

**NOTICE OF HEARING**

The above verified Request for hearing having been filed, this matter shall be heard:

(7) DATE AND TIME: \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Time)

PLACE: \_\_\_\_\_

**If either party fails to appear at the hearing after proper notice, the court will take evidence from the party who does appear and make a decision based on the information provided in the Request to Modify (Change) Child Support, Request for Hearing, and any oral testimony.**

Dated: \_\_\_\_\_

Upon receipt of the hearing date, I will immediately mail a copy of this Request for Hearing and Notice of Hearing to the other party, or such person's attorney as follows:

(8) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

If one of the parties is using the child support services of the Department of Economic Security, I will also immediately mail a copy of this Request for Hearing and Notice of Hearing to:

Department of Economic Security  
Child Support Enforcement  
Attn: Modification, Maricopa County  
P.O. Box 40458  
Phoenix, Arizona 85067

(9)  
Dated: \_\_\_\_\_  
(Requesting Party)

### **NOTICE TO PARTIES**

An arrearage calculation may be completed on your case. If it is determined that there is an over payment or an arrearage owing, the monthly obligation could be adjusted to bring your case current.